STATE OF MARYLAND

Andrew N. Pollak, M.D.
CHAIR

Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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Thursday, June 18, 2020

Minutes

Chairman Pollak called the meeting to order at 1:04 p.m.

Commissioners present via telephone: Bhandari, Boyer, Boyle, Doordan, Hammersla, McCarthy, O'Connor, O'Grady, Rymer, Sergent, Thomas, and Wang.

AGENDA ITEM 1.

Approval of the Minutes

Commissioner O'Connor made a motion to approve the minutes of the May 21, 2020 public meeting by teleconference of the Commission. The motion was seconded by Commissioner Boyle and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director, stated that all Commissioners have access to the CRISP Public Health Portal for the COVID-19 Response. He reported stated that Maryland had three weeks of declining hospitalizations. Hospitalizations that peaked on April 30th at 1,711 are down to 660 as of June 18th. ICU utilization for COVID-19 patients peaked on May 10 at 611 and is down to 269. Deaths from COVID-19 are unbearably high, but the trend is toward a decline in deaths, and the 14-day trend is down about 40 percent. Mr. Steffen further reported that the State's goal is to make tests widely available and conduct 20,000 tests a day (peak was 16,300 on May 27th). He added that testing sites will administer tests without an order from a physician or nurse practitioner and that some sites offer tests without appointments. The positivity rate statewide is 5.4 percent, even in hard-hit Prince George's and Montgomery Counties. Interest in expanding test capacity further possibly through Managed Care Organizations (MCOs) and employers is underway. Contact tracing is moving ahead, and the State-branded COVID link is launched through county health departments in collaboration with NORC.

Mr. Steffen reported that MHCC (MHCC or Commission) Staff have not issued any new Emergency Certificate of Needs (CONs), nor have any hospitals contacted us about new CONs in June. The State's focus is on building or maintaining Intensive Care Unit (ICU) capacity. All Emergency CONs remain

effective for a maximum of 165 days or until 30 days after Governor Hogan lifts the state of emergency. Emergency CONs may be extended beyond that date for good cause shown.

Next, Mr. Steffen stated that MHCC's Telehealth Readiness tool continues to generate interest. Several leading universities requested access and Nikki Majewski will present an overview of the tool to other organizations that are members of the Network for Regional Healthcare Improvement (NRHI) next month. The Telehealth Adoption Initiative for small practices is gaining momentum. Mr. Steffen reported that 110 practices have initiated, and 32 practices have completed the program.

Mr. Steffen also stated that the Federal Communications Commission's (FCC) COVID-19 Telehealth Grant is continuing, and MHCC has urged eligible facilities to continue to submit applications. To date Maryland has been awarded $4.3 million of the $120 million awarded.

Mr. Steffen stated that the Prescription Drug Affordability Board has not met since the pandemic began but will meet on June 16th and is interested in MHCC's data.

Finally, Mr. Steffen stated that the Wear the Cost website will be released with additional episodes in July. Also, MHCC's staff has discussed how work is completed within the framework of MHCC's charge to elevate health disparities. There is widespread agreement that across our organizational charge there are many opportunities to raise awareness of the disparities that exist in the access and delivery of health care. The MHCC staff is recommitted to taking on new challenges in each Center's work. Mr. Steffen added that MHCC staff will plan internally and present ideas at a future Commission meeting.

Theressa Lee, Director for the Center for Quality Measurement and Reporting, highlighted recent activities undertaken by the Center to support the Maryland Department of Health's (MDH) response to the COVID-19 pandemic. She reported that the Quality Reports consumer website homepage was updated to include an option for the user to be redirected to the MDH site (coronavirus.maryland.gov) to access data on the number of COVID-19 cases and deaths at individual nursing homes for both residents and staff. She also noted that CMS is now using the CDC National Healthcare Safety Network surveillance system (NHSN) to capture COVID-19 related information from nursing homes. NHSN is the surveillance system that MHCC requires of Maryland hospitals for reporting healthcare associated infections data. The NHSN enrollment process is complex and the Center's Quality team is assisting nursing homes as they navigate this new CMS data collection effort. This work is done in collaboration with MDH and CRISP to reduce the burden on the facilities, and is consistent with the Center's long term plan to use NHSN for capturing infection data from nursing homes, such as clostridium Difficile (C. Diff). The Center staff had preliminary conversations with the Maryland Patient Safety Center (MPSC) to identify opportunities to expand use of their infection prevention training programs in nursing homes.

Ms. Lee added that HSCRC recently released a Request for Applications (RFA) for hospitals to collaborate with long-term care (LTC) facilities to address COVID-19. The RFA has a $10 million funding cap supported through hospital rate adjustments. Stacy Howes, LTC, Chief, will serve on the evaluation committee for the project. The MPSC is working with hospitals and HSCRC to see how the MPSC can play a role in the initiative.

Finally, Ms. Lee noted that the Nursing Home Family Experience of Care Survey has been updated with questions designed to assess nursing home performance during the COVID-19 outbreak. The questions include how well families were kept informed and involved in the nursing home residents'

care, as well as how families rate facility response to the outbreak.

AGENDA ITEM 3.

ACTION: Confirmation of approved Emergency Certificate of Need - Establishment of an Alternate Care Site with 200 Inpatient Beds at a Temporary Remote Location of Adventist HealthCare, Inc. d/b/a Adventist HealthCare White Oak Medical Center at former Washington Adventist Hospital in Takoma Park, Maryland (Docket No. EM-H20-15-036)

Mr. Steffen described this Emergency Certificate of Need (CON), authorized on May 20, 2020. Commissioner Randy Sergent asked about the relationship between this emergency CON and the Emergency CON issued and confirmed earlier this year establishing the former Washington Adventist Hospital as a temporary remote location of the new Adventist HealthCare White Oak Medical Center. Paul Parker, Director of Health Care Facilities Planning and Development, noted that this second Emergency CON would establish an alternate care site[1] with 200 authorized beds.

Commissioner O'Grady made a motion to confirm the one Emergency CON, which was seconded by Commissioner Rymer and unanimously approved.

ACTION: Confirmation of approved Emergency Certificates of Need - is hereby APPROVED.

AGENDA ITEM 4

ACTION: Certificate of Need – Pyramid Walden, LLC (Harford County) - Establish an Alcoholism and Drug Abuse Intermediate Care Facility (Docket No. 20-12-2440)

Moira Lawson, Program Manager and CON Analyst, stated that Pyramid Walden, Inc. requested a Certificate of Need (CON) to establish a 50-bed Track Two alcoholism and drug abuse intermediate care facility (ICF) in a building formerly used as a motel located in Joppa, Harford County. The proposed renovation will include 50 beds licensed and designated for Withdrawal Management (WM) and Medically Monitored Intensive Inpatient Services for substance abuse disorder (American Society of Addictions Medicine or ASAM Level 3.7WM and Level 3.7) and an additional 14 beds licensed for Clinically Managed High Intensity Residential Services (Level 3.5). Ms. Lawson stated that the cost of establishing the 64-bed building renovation is estimated at $3.6 million, with project expenses funded with cash.

Ms. Lawson specified that the project proposed by Pyramid Walden complies with the applicable State Health Plan standards; that the need for the project, its cost effectiveness, and its viability have been demonstrated; and that the impact on the availability and accessibility of intensive inpatient alcohol and drug treatment services is positive, as it will be the first alcohol and drug treatment ICF project in Harford County that will provide services to patients across the full range of income levels. For these reasons, staff recommended that the Commission approve the application of Pyramid Walden LLC. for

[1] *See* https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html. Oversight of construction in this instance will be by the State of Maryland, the Maryland Department of General Services, and Adventist HealthCare, Inc.

a Certificate of Need to establish a 50-bed Track Two adult ICF providing withdrawal management at ASAM Level 3.7 and medically monitored intensive inpatient services, with two conditions:

1. The applicant shall provide proof that information about charges is made available online and upon request before first use; and

2. The applicant shall provide proof of accreditation before first use.

Commissioner O'Connor made a motion to approve the Certificate of Need, which was seconded by Commissioner Rymer and unanimously approved.

ACTION: Certificate of Need – Pyramid Walden, LLC (Harford County) - Establish an Alcoholism and Drug Abuse Intermediate Care Facility is hereby APPROVED.

AGENDA ITEM 5.

ACTION: Certificates of Ongoing Performance – Percutaneous Coronary Intervention Services

Jessica Raisanen, Program Manager, Acute Care Policy and Planning, reviewed the proposals by Howard County General Hospital, Johns Hopkins Bayview Medical Center, and Saint Agnes Hospital to continue percutaneous coronary intervention (PCI) services.

ACTION 5A: Howard County General Hospital (Howard County) (Docket No. 19-13-CP012)

Commissioner Boyle recused herself from this Agenda Item 5A.

Howard County General Hospital (HCGH) is meeting the requirement that primary percutaneous coronary intervention (PCI) services be available 24/7 weekly. The hospital also met the door-to-balloon benchmark on a rolling eight quarter basis for all but one period, when only 74 percent of cases met the benchmark, rather than 75 percent or more as required. The program is performing more than the minimum volume of primary PCI cases, with volume ranging from 95 to 122 cases annually between 2015 and 2019. The physicians are all performing 50 or more PCI cases on average annually, as required, and the program only performs primary PCI on suitable patients. With respect to the requirement for individual interventionalist review, the program typically reviewed (5-7) cases per interventionalist, through a combination of internal and external review, which the program thought was sufficient, but in some cases did not result in review of the greater of 10 cases or at least 10 percent of an interventionalist's cases, as required. The regulations concerning external review should be clarified to address confusion among hospitals on these requirements. Staff also notes that with the addition of an elective PCI program at HCGH, the requirements for the review of individual interventionalist's changes; a program with both elective and primary PCI services may meet the requirement for review of individual interventionalists through a semiannual external review of at least three cases or 10 percent of cases, whichever is greater. Ms. Raisanen recommended that the Commission approve the certificate of ongoing performance for HCGH to continue providing primary PCI services for four years.

Commissioner O'Connor made a motion to approve the Certificate of Ongoing Performance which was seconded by Commissioner Hammersla and unanimously approved.

ACTION: Certificate of Ongoing Performance - Percutaneous Coronary Intervention Services Howard County General Hospital (Howard County) for Four Years is hereby APPROVED.

ACTION 5B: Johns Hopkins Bayview Medical Center (Baltimore City) (Docket No. 19-24-CP011)

Johns Hopkins Bayview Medical Center (Bayview) has maintained around-the-clock availability of primary PCI services from 2015 to present. Over rolling eight quarter periods, Bayview complied with the door-to-balloon time standard, with between 78 percent and 84 percent of STEMI cases having a door-to-balloon time of 90 minutes or less. Bayview's PCI program performed between 195 and 236 total PCI cases and 58 and 71 primary PCI annually during the review period. Physicians performing PCI at Bayview also met the applicable case volume minimums for performing primary PCI at a program without on-site cardiac surgery. Finally, staff found that Bayview has engaged in the required levels of internal peer review and external review to assure that performance of PCI is of acceptable quality and that inappropriate PCI cases are not being performed. Bayview reasonably followed up two elective cases that were determined to be rarely appropriate based on one or more criteria. One of these cases was determined to be clinically appropriate after additional review. Ms. Raisanen recommended that the Commission approve the certificate of ongoing performance for Bayview to continue providing primary and elective PCI services for four years.

Commissioner Boyer made a motion to approve the Certificate of Ongoing Performance which was seconded by Commissioner Thomas and unanimously approved.

ACTION: Certificate of Ongoing Performance - Percutaneous Coronary Intervention Services Johns Hopkins Bayview Medical Center (Baltimore City) for Four Years is hereby APPROVED.

ACTION 5C: St. Agnes Hospital (Baltimore City) – (Docket No. 19-24-CP015)

Saint Agnes Hospital (SAH) has maintained around-the-clock availability of primary PCI services from 2015 to present except for a four-hour downtime in 2015 attributed to the upgrade the facility's cooling system. Over rolling eight quarter periods, SAH complied with the door-to-balloon time standard, with between 83% and 88 percent of STEMI cases having a door-to-balloon time of 90 minutes or less. SAH's PCI program performed between 405 and 488 total PCI cases and 85 and 126 primary PCI annually during the review period. Physicians performing PCI at SAH also met the applicable case volume minimums for performing primary PCI at a program without on-site cardiac surgery. Finally, staff found that SAH has engaged in the required levels of internal peer review and external review to assure that performance of PCI is of acceptable quality and that inappropriate PCI cases are not being performed. Ms. Raisanen recommended that the Commission approve the certificate of ongoing performance for SAH to continue providing primary and elective PCI services.

Commissioner Rymer made a motion to approve the Certificate of Ongoing Performance which was seconded by Commissioner O'Connor and unanimously approved.

ACTION: Certificate of Ongoing Performance - Percutaneous Coronary Intervention Services St. Agnes Hospital (Baltimore City) for Four Years is hereby APPROVED.

AGENDA ITEM 6.

PRESENTATION: Update on the Establishment of a Cardiac Surgery Program at Anne Arundel Medical Center

Chairman Pollak and Commissioner Doordan recused themselves from this Agenda item, which was then chaired by Vice Chairman Sergent. Commissioner Bhandari stated that he was on the medical staff at AAMC but that he received no compensation from Anne Arundel Medical Center (AAMC). Dr. Thomas noted that he was on the board of the Doctors Community Hospital Foundation and that Doctors Community Hospital is part of Luminis Health.

Vice Chairman Sergent stated that AAMC had informed Commission staff that it intends to establish its cardiac surgery program without the direct participation of Johns Hopkins Medicine, as was proposed in the original application it submitted in February 2015. He said that Mr. Steffen had requested that AAMC provide an update to the Commission and, specifically, that it answer questions that he raised in a June 5 letter to the hospital. Vice Chairman Sergent noted that Mr. Steffen wanted the Commission's guidance on whether the Commissioners believed that AAMC's current plan to institute its cardiac surgery program complies with its Certificate of Need (CON) or if they think it varies from it in a significant way.

Present on the telephone on behalf of Luminis Health and Anne Arundel Medical Center were: Victoria Bayless, CEO of Luminis Health; Dr. Sherry Perkins, President of AAMC; Dr. Adrian Park, Chair of the Department of Surgery at Luminis Health; Deneen Richmond, Chief of Quality, Patient Safety, and Population Health Officer at Luminis Health; and Barry Rosen, Chairman & CEO of Gordon Feinblatt, LLC.

Ms. Bayless provided an update on the progress of Anne Arundel Medical Center in establishing a cardiac surgery program since MHCC awarded a CON in March 2017. She stated that AAMC is now part of Luminis Health, a three-hospital system – Doctors Community Medical Center, the J. Kent McNew Family Medical Center, and Anne Arundel Medical Center. Ms. Bayless noted that Luminis Health is a $1.2B organization that serves a region that has a population of 1.7 million residents in eight counties. She stated that AAMC's collaboration with Johns Hopkins Medicine on the cardiac surgery program as proposed in its 2015 application, would not continue. She emphasized that AAMC and Johns Hopkins Medicine will continue to collaborate on a range of clinical initiatives. She announced that AAMC had hired Dr. Daniel Lee, an experienced cardiac surgeon from Baylor Scott and White/Texas A&M Health Science Center to direct the program. Ms. Bayless described AAMC's plans to reduce cardiovascular disease and establish early diagnosis programs particularly focused on minority populations in AAMC's service area. She also noted Luminis Health's extensive outreach efforts and concluded with a description of the establishment of Luminis Health and the acquisition of Doctors Community Hospital in 2019, thus giving Prince George's County residents direct access to Luminis Health (and AAMC) for health care services.

Commissioner Arun Bhandari asked about the percentage of cardiac patients enrolled in AAMC's clinical research programs. Ms. Bayless said that she would provide that information in a follow-up communication. Commissioner Bhandari, noting that a cardiac surgery program would place additional demands on blood and plasma supplies, asked Ms. Bayless to provide information on steps AAMC would be taking to ensure adequate supplies. Ms. Bayless pointed out that AAMC maintained its own blood supply, which depends on its community donation system that works well. She noted that, when necessary, AAMC gets blood supplies from blood banks. She said that part of the planning process for AAMC's cardiac surgery program considered expanded blood supply requirements. She stated that

AAMC would provide information in its follow-up communication. Commissioner Rymer asked when AAMC anticipated starting its cardiac surgery program. Ms. Bayless responded that Dr. Lee would join the staff in July 2020 and that AAMC planned to start offering cardiac surgery in the fall of 2020 after MHCC issues a first use approval.

Vice-Chairman Sergent asked Mr. Steffen about next steps. Mr. Steffen stated that, when AAMC seeks first use approval, he would determine if the project conformed to its CON and, if so, would issue first use approval. He requested guidance from the Commissioners. Comments by the Commissioners indicated their continued support for AAMC's establishment of cardiac surgery services and that the project did not vary from the CON in a significant way.

ACTION: NONE REQUESTED

AGENDA ITEM 7.

PRESENTATION: Update on Priorities and Timeline for Review and Revision of State Health Plan

Mr. Parker outlined the limited progress that had been made so far in 2020 on the top four priorities approved by the Commission in February 2020, focusing on COMAR 10.24.07, the State Health Plan (SHP) regulations that include standards for review of psychiatric hospital services. He noted that the Psychiatric Hospital Services Work Group convened for its fourth meeting in March 2020, following two meetings in November 2019 of a Clinical Work Group, formed and convened at the request of the main Work Group Mr. Parker projected a final meeting of the Work Group in July, publication of a draft update of the regulations in August, and consideration of proposed regulations by the Commission in the fall. He also described projected timelines for the other top priorities, the SHP chapters of regulation for general hospital services, general surgical services, and general hospice services.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 8.

PRESENTATION: **CRISP, the State-Designated Health Information Exchange, COVID-19 Response Efforts**

Craig Behm, CRISP's Executive Director of Maryland, presented on the State-Designated health information exchange (HIE) COVID-19 response efforts. Mr. Behm discussed how existing services, such as Point of Care, Care Coordination, Population Health, Public Health Support, and Program Administration have been enhanced to include COVID-19 data. He also noted that additional COVID-19 reports have been added to its Public Health Dashboard. Mr. Behm overviewed several COVID-19 reports. Commissioner Thomas asked if other HIEs across the nation offer similar service levels. Mr. Behm said that a wide range of service capability exists among HIEs nationally. Mr. Steffen complimented CRISP on its COVID-19 reporting capability.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 9.

Overview of Upcoming Activities

Mr. Steffen stated that July's Commission meeting would include several percutaneous coronary intervention (PCI) programs for approval, at least one Certificate of Need, the Maryland Primary Care Program next steps, and any plans for reopening MHCC offices.

AGENDA ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:29 p.m. upon motion of Commissioner Sergent, which was seconded by Commissioner Hammersla and unanimously approved.